

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

11 CIV. 1366

Matas Robert

New York N.Y 10459

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

(Officer) Marchena, Carlos and
The Officer of The 41 precinct

(41 precinct)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

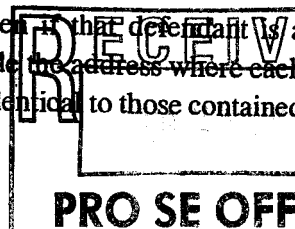
Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Matas Robert
Street Address [REDACTED]
County, City New York N.Y 10459
State & Zip Code [REDACTED]
Telephone Number [REDACTED]

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.



Defendant No. 1

Name Marcheca Carlos

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 2

Name They are AOther Officer IncludedStreet Address in This Case

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 3

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

Defendant No. 4

Name _____

Street Address _____

County, City _____

State & Zip Code _____

Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☐ Federal Questions☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? _____

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

Statement of Claim:

Describe briefly as possible the facts of your case. Describe how each of the defendants named in the caption complaint is involved in this action, along with the dates and locations of all relevant events. You may include further details such as the names of other persons involved in the events giving rise to your claim. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set out each claim in a separate paragraph. Attach additional sheets of paper as necessary.

Where did the events giving rise to your claim(s) occur? In my Mother House / Apartment
 Address [REDACTED]

What date and approximate time did the events giving rise to your claim(s) occur? _____

Facts: I Robert Matos 210-10-01114 an on Feb 3 Approximately
9AM in the morning There was a situation where many officers
That's Kick down my Mother Front door down, The officer said
That They had a warrant But did not show it, while my sister
destiny matos was in the Shower. These officer drag my sister
destiny down to 41 precinct for No Reason. My Mother apartment damage
and She was very Scared for her life, Looking for me.

I need mental Health and Now I Can't Sleep
Thinking ~~about~~ about my Mother Health

Injuries:

Describe any sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I suffer Mental Health because of all this

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
 Yes _____ No _____

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the event giving rise to your claim(s).

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?
 Yes _____ No _____ Do Not Know _____

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
 Yes _____ No _____ Do Not Know _____

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
 Yes _____ No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No _____

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I am incarcerated and The Police did not come to The Jail to see me at all.

Then why? Kick down the Door
I want to know.

I need to know

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I want the Court to give me
\$500,000 for Compensation because I am going
thought a lot of Problems, with my Mother, I can't sleep at all
My mother is very upset with me about this whole situation

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No X

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No X

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No X

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No X

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) None Case

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ___ day of _____, 20__.

Signature of Plaintiff

Robert Matos

Inmate Number

Robert Matos

Institution Address

210-10-01114

[REDACTED]

New York N.Y 10459

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11 day of Feb, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Robert Matos



COMPLAINT REPORT — CIVILIAN COMPLAINT REVIEW BOARD

Instructions. You may file this report by:

- A) Delivering it in person to the Civilian Complaint Review Board (CCRB); or
B) Mailing it (postage pre-paid) to the CCRB; or
C) Telephoning the CCRB at 1-800-341-CCRB; or
D) Filing it at any police precinct station house (obtain filing receipt).

1. COMPLAINANT Last Name First Name MI Home Phone Cell Phone
Matos Robert [REDACTED] [REDACTED]
Address (Home/Business) Apt. No. City State Zip Code Date of Birth
[REDACTED] [REDACTED] New York N.Y. 10459 [REDACTED]
Optional/For statistical purposes only: Sex: ☒ M ☐ F Race/Ethnicity:

Did you witness the incident complained of? ☐ Yes ☒ No
If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s)?
☒ Parent ☐ Spouse ☐ Relative ☐ Guardian ☐ Child ☐ Friend ☐ None ☐ Other Mother Sister
Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and witness(es) to the incident. (Use other side of page if necessary):

a. ☒ VICTIM ☐ WITNESS Last Name First Name MI Home Phone Business Phone
Ortiz Maria [REDACTED]
Address (Home/Business) Apt. No. City State Zip Code Date of Birth
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Optional/For statistical purposes only: Sex: ☐ M ☐ F Race/Ethnicity:

b. ☐ VICTIM ☐ WITNESS Last Name First Name MI Home Phone Business Phone
Matos Destiny [REDACTED]
Address (Home/Business) Apt. No. City State Zip Code Date of Birth
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Optional/For statistical purposes only: Sex: ☐ M ☐ F Race/Ethnicity:

Date and Time of Incident

Location of Incident (Including borough)

Identification of police officer(s) complained of (if unknown, provide physical description of officer(s) or type of duty performed dressed in uniform or in civilian clothes; foot, scooter or auto patrol; detective). Also identify officer(s) at the scene who are not involved. (Use other side of page if necessary):

Rank	Name	Precinct/Command	Patrol Car #.	Shield #
Officer	Marchena, Carlos	41 Precinct	yes	
	They were officer			